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financial assistance and educational initiatives such as college work-study programs, grants, scholarships, fellowships, and national service programs.

- Develop and support awareness, educational enrichment, and student guidance and mentoring programs to encourage Hispanic-Latino students to pursue careers in the health professions.

Strategies to foster health promotion and disease prevention. Hispanics must get involved in health promotion and disease prevention outreach activities. We lack a systematic response to the full range of community-based preventive services for Hispanics-Latinos. In particular, the participants agreed that we must

- Integrate paraprofessionals, informal community leaders, ethnic or folk healers, *Promotores de Salud*, and other community health workers in health promotion and disease prevention programming for the Hispanic-Latino community and provide appropriate recognition and incentives for them to participate.
- Use appropriate media resources and community networks at local, State, and Federal levels to educate Hispanic-Latino communities regarding health promotion and disease prevention issues.
- Establish guidelines for Hispanic-Latino national and community-based organizations to follow in accepting corporate contributions; corporations' products and services must be compatible with health promotion and disease prevention goals.
- Make health promotion and disease prevention (including environmental issues) critical elements in the regulations and implementation of the North American Free Trade Agreement.
- Secure Federal funds for development and evaluation of health promotion and disease prevention programs directed toward Hispanic-Latino groups.

Conclusion

To be sure, we have a very lengthy list of issues and strategies—all of them complex and diverse, and all of them a priority. However, we cannot afford inaction, for we run the risk of polarizing the people of this country even further by creating a two-tiered health care system that fails to reach a growing minority community. Even worse, we risk further preventable disease, disability, and death in our communities.

We know that progress is slow. However, continuing neglect and complacency erode any chance

for progress. We must act promptly so that we can begin to bridge the language gap and overcome the barriers, creating a responsive health care system that recognizes and accepts cultural diversity.

Although the government must play a significant role, the entire health care community must get involved and work together to provide an integrated continuum of health care for all Americans. It is up to each of us to make a difference.

Antonia Coello Novello, MD, MPH
Surgeon General, U.S. Public Health Service
1990-93

Lydia E. Soto-Torres, MD, MPH
National Coordinator
Surgeon General's National Hispanic-Latino Health Initiative

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New Publications

Further information on the Hispanic/Latino Health Initiative is available in two reports issued in June 1993—"One Voice, One Vision—Recommendations to the Surgeon General to Improve Hispanic/Latino Health" (191 pages) and the summary report, "Recommendations to the Surgeon General to Improve Hispanic/Latino Health" (24 pages).

Free copies of both reports are available from the National Clearinghouse for Alcohol and Drug Information, telephone 1-800-729-6686.

The Public Health Service on Ellis Island

The Public Health Service (PHS) provided examinations and medical services to more than 12 million would-be citizens coming to the United States during the peak years of immigration, 1892 to 1924.

A recent photographic exhibit in the Hubert H. Humphrey Building in Washington, DC, documents the historic role played by PHS physicians, nurses, and other medical personnel. The Service operated 15 health care facilities on Ellis Island, including a general hospital, a communicable disease hospital, and a psychiatric ward.

During the 33-year period, more than 355 babies were born, more than 3,500 people died, and on one record day, 11,747 people were processed on Ellis Island. Besides checking for signs of heart trouble, difficulty in breathing, and physical disabilities, the physicians looked for contagious diseases such as trachoma and favus. Both problems meant mandatory rejection. Immigrants with curable infectious diseases were detained and treated in the communicable disease hospital.

Today the medical facilities are abandoned and deteriorated; however, the main building at Ellis Island has been restored and opened as a museum. There is hope that future restoration efforts may save at least a part of the large and historically significant medical complex.

It is expected that the Ellis Island photographic exhibit will be on display in other PHS facilities in the future.



For many women immigrants, being examined by a male physician was a traumatic experience. The Public Health Service required the presence of a matron during such inspections (or examinations). In 1914, the Service appointed two women physicians to its medical staff



An entrance to the communicable disease hospital once operated by the Public Health Service on Ellis Island, now in a deteriorated state.



Anxious immigrant children were among the patients at the Ellis Island medical facilities in the early 20th century. The photograph is one of more than 50 in the exhibit.

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